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| <b>SPECIFICATION CHANGE NOTICE (SCN)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                            |  | <b>1. DATE</b> (YYYYMMDD)         |  | <i>Form Approved<br/>OMB No. 0704-0188</i> |  |                                 |                                  |                            |  |
| <p>The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p><b>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.</b></p> |  |                            |  |                                   |  | <b>2. PROCURING ACTIVITY NO.</b>           |  |                                 |                                  |                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                            |  |                                   |  | <b>3. DODAAC</b>                           |  |                                 |                                  |                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                            |  |                                   |  |                                            |  |                                 |                                  |                            |  |
| <b>4. ORIGINATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                            |  | <b>5. SCN TYPE</b>                |  |                                            |  |                                 |                                  |                            |  |
| a. TYPED NAME ( <i>First, Middle Initial, Last</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                            |  | <input type="checkbox"/> PROPOSED |  | <input type="checkbox"/> APPROVED          |  |                                 |                                  |                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                            |  |                                   |  |                                            |  |                                 |                                  |                            |  |
| b. ADDRESS ( <i>Street, City, State, Zip Code</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                            |  | <b>6. CAGE CODE</b>               |  | <b>7. SPEC. NO.</b>                        |  |                                 |                                  |                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                            |  | <b>8. CAGE CODE</b>               |  | <b>9. SCN NO.</b>                          |  |                                 |                                  |                            |  |
| <b>10. SYSTEM DESIGNATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>11. RELATED ECP NO.</b> |  | <b>12. CONTRACT NO.</b>           |  | <b>13. CONTRACTUAL AUTHORIZATION</b>       |  |                                 |                                  |                            |  |
| <b>14. CONFIGURATION ITEM NOMENCLATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                            |  | <b>15. EFFECTIVITY</b>            |  |                                            |  |                                 |                                  |                            |  |
| <p><i>This notice informs recipients that the specification identified by the number (and revision letter) shown in Item 7 has been changed. The pages changed by this SCN are those furnished herewith and carry the approval date of the related ECP listed in Item 11. The pages of the page numbers and dates listed in Items 16 and 17, combined with non-listed pages of the original issue of the revision shown in Item 7, constitute the current approved version of this specification.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                            |  |                                   |  |                                            |  |                                 |                                  |                            |  |
| <b>16. PAGES AFFECTED BY THIS SCN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                            |  |                                   |  | <b>TYPE OF CHANGE*</b>                     |  | <b>APPROVAL DATE (YYYYMMDD)</b> |                                  |                            |  |
| a. PAGE(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                            |  |                                   |  | b.                                         |  | c.                              |                                  |                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                            |  |                                   |  |                                            |  |                                 |                                  |                            |  |
| <b>17. SUMMARY OF PREVIOUSLY CHANGED PAGES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                            |  |                                   |  | <b>DATE SUBMITTED (YYYYMMDD)</b>           |  | <b>TYPE OF CHANGE *</b>         |                                  | <b>APPROVAL (YYYYMMDD)</b> |  |
| SCN NO.<br>a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | RELATED ECP NO.<br>b.      |  | PAGE(S)<br>c.                     |  | d.                                         |  | e.                              |                                  | f.                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                            |  |                                   |  |                                            |  |                                 |                                  |                            |  |
| <p>* "S" indicates supersedes earlier page.      "A" indicates added page.      "D" indicates deletion.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |  |                                   |  |                                            |  |                                 |                                  |                            |  |
| <b>18.a. GOVERNMENT ACTIVITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                            |  |                                   |  | <b>c. SIGNATURE</b>                        |  |                                 | <b>d. DATE SIGNED (YYYYMMDD)</b> |                            |  |
| b. TYPED NAME ( <i>First, Middle Initial, Last</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                            |  |                                   |  |                                            |  |                                 |                                  |                            |  |